

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021502

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 544 1480

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KirkwoodLength of stay in 1b
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph HospitalInside Limits
Yes ☒ No ☐

c. CITY OR TOWN Kirkwood

d. STREET ADDRESS (If outside, give location)
114 Par LaneInside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES

W.

SCHULZE

4. DATE OF DEATH

Month

Day

Year

May 14, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/23/01

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Accountant

10b. KIND OF BUSINESS OR INDUSTRY

Swift Packing Co.

11. BIRTHPLACE (City and state or country)

Arcadia, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. A. Schulze

13b. MOTHER'S MAIDEN NAME

Josephine Oliver

14. NAME OF HUSBAND OR WIFE

Sarah Alice Schulze

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-29-62 to 5-14-62 and last saw him alive on 5-14-62

Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/16/62

23c. NAME OF CEMETERY OR CREMATORY

St. Peter Cemetery

23d. LOCATION (City, town, or county)

Lucas-Hunt Rd. St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Louis H. Bopp, Inc., Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

5-15-62

26. REGISTRAR'S SIGNATURE

J. B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.